



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 161563		2. Exact name of the Corporation I MEDINA PAINTING & REMODELING, INC.			
3. Principal office address 14 WINDMILL LANE		City RUMFORD	State RI	Zip 02916	
4. Business Phone No. (401) 438-8771		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island painting and remodeling					
LIST ALL OFFICERS, MANAGERS AND ADDRESSES (SEE INSTRUCTIONS FOR ATTACHMENT)					
President Name ILDEBERTO MEDINA			Vice-President Name MARIA O. MEDINA		
Street Address 14 WINDMILL LANE			Street Address 14 WINDMILL LANE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name MARIA O. MEDINA			Treasurer Name ILDEBERTO MEDINA		
Street Address 14 WINDMILL LANE			Street Address 14 WINDMILL LANE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name ILDEBERTO MEDINA			Director Name MARIA O. MEDINA		
Street Address 14 WINDMILL LANE			Street Address 14 WINDMILL LANE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
0. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
Check No. **2440**
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 03 2014

BY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

ILDEBERTO MEDINA

Print or Type Name of Authorized Representative

Date

2014 MAR -3 PM 1:14
SECRETARY OF STATE
CORPORATIONS DIV